State Employees Charitable Campaign Pledge Card Name **Employee Identification Number** Home Zip Code Email State Agency PAYROLL DEDUCTION CONTRIBUTION: I choose payroll deduction (26 pay periods) of the following amount per pay period. \$ 20.00 \$ 25.00 □ \$15.00 □ \$_____ - other payroll deduction amount 🗖 \$38.47 – Leadership Giver \$2.00 \$10.00 ☐ \$5.00 □ \$_____ - Super Giver (equals one hour of pay per pay period) CASH or CHECK CONTRIBUTION: I choose to make my onetime gift by:

Check \$_____(amount) Check #__ ☐ Cash \$ (amount) *Any gift under \$1 per pay period must be given as a onetime cash or check donation CREDIT CARD CONTRIBUTION: I choose to make my onetime gift by: 🗆 Visa 🕒 MasterCard 🗀 Discover 🗀 Amex (\$25 minimum transaction required) _ (amount) Account Number: ____ - ___ - ___ Exp. Date __/__ Authorization Signature *Authorizing Credit Card Charge Charity Selection (Maximum selection 10 charity selections) Direct my contribution to: See SECC website https://secc.az.gov/participating-charities SECC Code_ Charity _ Total annual amount Charity _ SECC Code__ Total annual amount Total annual amount SECC Code_ Charity Undesignated **SECC highly encourages a charity designation, if undesignated SECC Executive Committee will select the 1-2 beneficiaries at campaigns end ☐ I am interested in being contacted to learn more about volunteer opportunities at my selected charity/charities. By signing this form, I attest that the above payroll cash, check, or credit card donation was made by me for the stated charities. State Date moves Phone Signature of Donor No goods and/or services were provided in connection with this donation.

Charitable Campaign

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